Complete Summary

TITLE

Ambulatory surgery: percentage of Ambulatory Surgery Center (ASC) admissions who experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.

SOURCE(S)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of Ambulatory Surgery Center (ASC) admissions who experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.

RATIONALE

"Surgery performed on the wrong body part," "surgery performed on the wrong patient," and "wrong surgical procedure performed on a patient" have all been endorsed as serious reportable surgical events by the National Quality Forum (NQF). This outcome measure serves as an indirect measure of providers' adherence to the Joint Commission's "Universal Protocol" guideline for eliminating wrong site, wrong procedure, wrong person surgery. The Universal Protocol is based on the consensus of experts and is endorsed by more than forty professional medical associations and organizations. In order to encompass the

outcomes of all key identification verifications, the Ambulatory Surgery Center (ASC) Quality Collaboration's measure incorporates not only wrong site, wrong side, wrong patient and wrong procedure, but also wrong implant in its specifications.

PRIMARY CLINICAL COMPONENT

Ambulatory Surgery Center (ACS); admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant

DENOMINATOR DESCRIPTION

All Ambulatory Surgery Center (ASC) admissions

NUMERATOR DESCRIPTION

All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

"JCAHO reviewed voluntary reports of 1152 'sentinel events' from 1995 to 2001. Wrong-site surgery accounted for 114 (9.9%) of these reports and included procedures in neurosurgery, urology, orthopedics, and vascular surgery. Despite the high profile of JCAHO's Sentinel Event Policy, it is believed that under-reporting by healthcare organizations apparently affects these statistics. Only 66 percent of the 1152 total events were self-reported by the institutions involved. The remainder came from patient complaints, media stories and other sources. Using a mandatory reporting system, the New York State Department of Health received 46 reports of wrong-site surgery from 1998 through 20004 compared with the 114 cases JCAHO received nationally over a period 3 times longer, suggesting that voluntary incident reporting may underestimate the true incidence by a factor of 20 or greater.

The Physicians Insurers Association of America (PIAA) reviewed claims data from 22 malpractice carriers representing 110,000 physicians from 1985 to 1995. These claims included 331 cases of wrongsite surgery. The complete PIAA database documents almost 1000 closed malpractice claims involving wrong-site surgery. However, this figure also underestimates the prevalence of wrong-site surgery, as every case does not result in a claim. Most wrong-site surgeries involve relatively minor procedures such as arthroscopy, rather than limb amputations or major neurosurgical procedures. Consequently sequelae are

minimal. The State Volunteer Mutual Insurance Company (Tennessee) released a series of 37 wrong-site surgery claims from 1977 to 1997. Performing the correct procedure on the wrong side constituted the most common error (e.g., arthroscopic knee surgery on the wrong knee in 15 of the 37 cases). 26 of the patients experienced no sequelae beyond a scar, and only three patients suffered permanent disability. Given the rarity of significant harm, estimates of the incidence of wrong-site surgery derived from litigation data likely underestimate the true prevalence of this problem, as do estimates based on incident reports."

EVIDENCE FOR INCIDENCE/PREVALENCE

Agency for Healthcare Research and Quality (AHRQ). Making healthcare safer. A critical analysis of patient safety practices. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); Chapter 43.2 - strategies to avoid wrong site surgery.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All Ambulatory Surgery Center (ASC) admissions

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All Ambulatory Surgery Center (ASC) admissions

Exclusions
None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
All Ambulatory Surgery Center (ASC) admissions* experiencing a wrong** site, wrong side, wrong patient, wrong procedure, or wrong implant

**Admission*: Completion of registration upon entry into the facility.

***Wrong*: Not in accordance with intended site, side, patient, procedure or implant.

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record
Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Adverse Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

After refining these standardized measures, the Ambulatory Surgery Center (ASC) Quality Collaboration (QC) piloted them in a sample of ASCs and was able to confirm their feasibility and usability. On November 15, 2007, five ASC facility-level measures were endorsed by the National Quality Forum (NQF) after having gone through rigorous evaluation and consensus building.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

Identifying Information

ORIGINAL TITLE

Wrong site, wrong side, wrong patient, wrong procedure, wrong implant.

MEASURE COLLECTION

Ambulatory Surgery Center (ASC) Quality Measures

DEVELOPER

Ambulatory Surgery Center (ASC) Quality Collaboration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Apr

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

MEASURE AVAILABILITY

The individual measure, "Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant," is published in "ASC Quality Measures: Implementation Guide. Version 1.2." This document is available in Portable Document Format (PDF) from the Ambulatory Surgery Center Quality Collaboration Web site.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 10, 2008. The information was verified by the measure developer on December 3, 2008.

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